

① ID - Roster - Personal History

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

HOUSEHOLD QUESTIONNAIRE

SECTION 1: HOUSEHOLD IDENTIFYING INFORMATION

SECTION 1. HOUSEHOLD IDENTIFYING INFORMATION

Please administer this survey to the female entrepreneur on your list. The enterprise ID should be identical to the enterprise ID written on the corresponding household questionnaire for this respondent. It should also be identical to the ID on respondent's MKUBWA card.

Please explain to the respondent the purpose of this survey. In order to make business training more useful for women like you, this survey is collecting information on female entrepreneurs in the Dar es Salaam and Kibaha areas. As you are aware, little is known about both the difficulties that you face in running and expanding your businesses and about how this affects what is happening in your households. Little is also known about the strengths of your businesses. This entire survey could take as long as 2 hours. The information we collect today will be combined in a report and research papers that will be discussed with policy makers and organizations that want to design more effective training programs for women like you. We encourage you to answer as accurately as you can. You should know that all women and businesses visited by us will not be identified in any writing resulting from this project.

All the information that you provide will remain fully confidential and no one will be able to link your names to your responses. So Mkubwa staff, your trainers and your coaches will only know things like "how many hours a day do women in the food processing sector devote to their business," rather than knowing about the working hours of any particular woman. We want to stress that none of this information collected will be used to determine who gets selected for the MKUBWA training program.

Unless otherwise specified: read all response options to respondent in each question.

1	2	3	4	5	6	7	8	9
District Name	District ID See List A	Ward Name	Ward ID See List B	Address (write details including landmark)	Full name of primary respondent	Mobile number of primary respondent	Mobile number of someone else who will be able to find respondent	Name of Enumerator
10	11	12	13	14	15	16		
Enumerator ID:	Date of 1st interview attempt: DD/MM/YYYY format	Completed interview? See List C	Date of 2nd interview attempt: DD/MM/YYYY format	Completed interview? See List C	Date of 3rd interview attempt: DD/MM/YYYY format	Completed interview? See List C		
	/ /		/ /		/ /			

Gift for respondent	List B			
	Tembeke	Ilala	Kinondoni	Kibaha
Time interview started	1. Azimio 2. Chamazi 3. Chang'ombe 4. Charambe 5. Keko 6. Kigamboni 7. Kibada 8. Kimbiji 9. Kisarawe II 10. Kurasini 11. Makangarawe 12. Mbagela 13. Miburani 14. Mijimwema 15. Mtoni 16. Pemba Mnazi 17. Sandali 18. Somangira 19. Tandika 20. Tembeke 21. Toangoma 22. Vijibweni 23. Yombo Vituka	24. Buguruni 25. Chanika 26. Gerezani 27. Ilala 28. Jangwani 29. Kariakoo 30. Kinyerezi 31. Kipawa 32. Kitunda 33. Kisutu 34. Kivukoni 35. Kiwaiani 36. Michafukoge 37. Mchikichini 38. Msongola 39. Pugu 40. Segerea 41. Tabata 42. Ukonga 43. Upanga East 44. Upanga West 45. Vingunguti	46. Bunju 47. Goba 48. Hananasi 49. Kawe 50. Kibamba 51. Kigogo 52. Kijitonyama 53. Kimara 54. Kinondoni 55. Kunduchi 56. Maibbo 57. Magomeni 58. Makuburi 59. Makumbusho 60. Makurumula 61. Manzese 62. Mbezi 63. Mburahati 64. Mbwani 65. Mikocheni 66. Mwasani 67. Mwananyamala 68. Mzimuni 69. Ndugumbi 70. Sinza 71. Tandale 72. Ubungo	73. Kibaha 74. Kwala 75. Magindu 76. Malil Mmoja 77. Mlandizi 78. Ruvi 79. Soga 80. Tumbi 81. Visiga
List A	Doodha C			
1=Kinondoni 2= Ilala 3=Tembeke 4=Kibaha	1= Completed 2=Partially completed 3=Not available, revisit scheduled 4=Not available, no revisit scheduled 5=Refused to participate			
Gift codes:				
1="PERSONAL GIFT" 2="BUSINESS GIFT"				

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SECTION 2. HOUSEHOLD ROSTER

All questions should be posed to the female entrepreneur, so she is giving information about other family members. Make a complete list of all individuals who normally live and eat their meals together in this household, starting with the head of household. In order to make a comprehensive list of household members, use the following probe questions: First, ask names of all the members of your immediate (nuclear) family who normally live and eat their meals together here. Write down names, sex, and relationship to household head. ☐ FILL IN QUESTIONS 1 TO 6.

Then, ask names of any other persons related to you or other household members who normally live and eat their meals together here ☐ FILL IN QUESTIONS 1 TO 6

Also ask other persons who are not here now but normally live and eat their meals here? For example, household members studying elsewhere or traveling ☐ FILL IN QUESTIONS 1 TO 6.

Then, ask names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as live-in servants ☐ FILL IN QUESTIONS 1 TO 6.

If more than 10 individuals, USE "EXTRA HOUSEHOLD QUESTIONNAIRE FOR HOUSEHOLD MEMBERS," MAKING SURE TO NOTE ENTREPRENEUR'S ID ON ALL PAGES

HOUSEHOLD MEMBER ID: ?	Q1	Q2	Q3		Q4				Q5			Q6		
	First Name	Last Name	Gender Male=1 Female=2		Month and Year of birth / mm/yyyy; Write 99 if answer is "Don't know"				Age			Relationship to household head: See list D		
									Years	Months				
1								/						Other specify.....
2								/						Other specify.....
3								/						Other specify.....
4								/						Other specify.....
5								/						Other specify.....
6								/						Other specify.....
7								/						Other specify.....
8								/						Other specify.....
9								/						Other specify.....
10								/						Other specify.....

List D

Relation with household head and respondent

Household head=1
 Spouse=2
 Son/Daughter=3
 Step Son/Step Daughter=4
 Sister/Brother=5
 Grandchild=6
 Father/Mother=7
 Niece/nephew=8
 Sister/brother-in-law=9
 Father/mother-in-law=10
 Live-in servant=11
 Respondent=12
 Other relative=13, Specify

* # of HH members ☒ ✓
 # of HH members < 18 ☒ ✓
 * husband/spouse present
 # of female members (not incl resp) ☒ ✓
 # of male members ☒ ✓
 schooling of spouse/co-habiting male ☒ ✓
 # of other wives of spouse
 ↳ used relationship to respondent.
 (hs297)

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q7		Q8		Q9		Q10		Q11		Q12	
Relationship to the respondent: See list D		In the last 12 months, how many cumulative months has [name] been away from the household?		[Name]'s main occupation in last 12 months* (see List E)		[Name]'s marital status See list F		[Name]'s spouse/partner live in this household now? Yes=1 No=2		ID code of [name]'s spouse if in household	
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							
Other specify.....				Other specify.....							

List F

Marital status

Monogamous, married =1
 Polygamous, married =2
 Living together=3
 Separated=4 ☐ Go to Q14
 Divorced=5 ☐ Go to Q14
 Never married =6 ☐ Go to Q14
 Widow=7 ☐ Go to Q14

HOUSEHOLD ID

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[illegible]

List G:	Education level			
1. No school				
2. Some primary				
3. Completed primary				
4. Some secondary				
5. Completed secondary				
6. Completed secondary A levels				
7. Tertiary: Some university				
8. Tertiary: Completed university				
9. Tertiary: Vocational education				
10. Tertiary: Diploma				
11. Tertiary: Some Diploma				

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SECTION 3. PERSONAL AND FAMILY HISTORY

To be asked about the respondent and her partner/spouse if applicable. Can be asked even if spouse/partner is dead. The respondent should answer on behalf of her spouse.

1	<p>Did the respondent ever have a spouse/partner?</p> <p>Yes=1, No=2 If No, leave Spouse/Partner column blank</p>	<input type="text"/>	
		Respondent	Spouse/partner
2	<p>Is this person the first of the family to reside in this ward? Family means blood relatives.</p> <p>Yes=1; No=2; Don't know=99 for spouse/partner</p>	<p>—</p> <input type="text"/>	<input type="text"/>
3	<p>For approximately how many years has this person's family lived in this ward?</p> <p>Don't know=99 for spouse/partner</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4	<p>For approximately how many years have this person lived in this ward? Don't know=99 for spouse/partner</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5	<p>How many family members older than 16 years live in this ward (not counting members of the household)?</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6	<p>Year of birth? Don't know=99</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	<p>District of birth? See List H at end of Section. List region code followed by district code. Not born in TZ = 98, Don't know=99</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8	<p>Mother tongue?</p> <p>English=1 Kiswahili=2 Tribal language=3 Other=4, Specify</p>	<input type="text"/> Other specify.....	<input type="text"/> Other specify.....
9	<p>What is considered this persons "home district"? See List H</p>	<input type="text"/> <input type="text"/> <input type="text"/> Other specify.....	<input type="text"/> <input type="text"/> <input type="text"/> Other specify.....
10	<p>Religious denomination? See List I</p>	<input type="text"/> <input type="text"/> Other specify.....	<input type="text"/> <input type="text"/> Other specify.....
11	<p>At what age did this person leave his/her parents' house? Not including boarding or living with household member.</p> <p>Still living with parents = 98 Don't know=99 for spouse/partner</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

12	Who will inherit most of this person's assets upon death? See List J	ID			ID		
		ID			ID		
		ID			ID		
13	Is your spouse/partner still alive? Yes =1; No =2 Go Q15; If never married or never had a partner Go Q15	<input type="checkbox"/>					
14	What year did he die?	<input type="text"/>					
Now I would like to ask you about your biological parents and the biological parents of your spouse/partner. Respondent should answer on behalf of her spouse/partner.		Respondent		Spouse/partner			
		Father	Mother	Father	Mother		
15	Father/mother still alive? Yes=1, No=2, Don't know=99. Depending on the response to this question, change the tone and actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Record current age father/mother or age at the time of death. Record 999 for "Don't know."	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
17	In which district was your father/mother born? See List H at end of section. List region code followed by district code. Not born in TZ = 98, Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
18	Religious denomination of father/mother. See List I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

List I
Religion

Muslim =1
Hindu =2
Orthodox Christian=3
Roman Catholic=4
Lutheran=5
Anglican=6
Pentecostal=7
Evangelical=8
Episcopalian=9
Baptist=10
Seventh Day Adventist=11
Jehovah Witness=12
Traditional=13
None=14
Other=15 , Specify
Don't know=99
Don't want to answer=98

List J
Inheritant

1. Household member (Also code Household Member ID)
2. Child, not living in household
3. Relative of spouse/partner
4. Own relative
5. Non-relative in Dar es Salaam
6. Non-relative outside Dar es Salaam
7. Business partner
8. Other, Specify
99. Don't know

19	Occupation of father/mother when they were working? See List E at end of Section. Did not work=98, Don't know=99. Main occupation is one that parents used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	How many wives does/did the father have? Include deceased wives. Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	What is/was the mother's marital ranking? Code 0 if mother never married, Only wife=98, Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	At what age did the mother have her first child? Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	How many male children does the father/mother have from all partners? Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	How many female children does your father/mother have from all partners? Don't know=99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	At their death, did you get or will you get a part of your father/mother's... Yes=1, No=2, Don't know=99				
a	Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	Livestock	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	House(s) or other real estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	Other property (clothes, jewelry)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26	What was/is the current value of father/mother's... If parent is deceased, ask for value at time of death. Don't know=99				
a	Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	Livestock	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c	House(s) or other real estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	Other property (clothes, jewelry)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27	How much land does/did your father/mother have? Don't know= -99 for spouse/partner. Unit: Acres=1; Hectares=2; Square Feet=3; Square metres=4	Unit <input type="text"/> Quantity	Unit <input type="text"/> Quantity	Unit <input type="text"/> Quantity	Unit <input type="text"/> Quantity

hs3925 - spouse

List H

DODOMA-01		PWANI-06		MBEYA-12		SHINYANGA-17		KASKAZINI UNGUJA-22	
KONDOA	1	BAGAMOYO	1	CHUNYA	1	BARIADI	1	KASKAZINI 'A'	1
MPWAPWA	2	KIBAHA	2	MBEYA RURAL	2	MASWA	2	KASKAZINI 'B'	2
KONGWA	3	KISARAWA	3	KYELA	3	SHINYANGA RURAL	3		
DODOMA RURAL	4	MKURANGA	4	RUNGWE	4	KAHAMA	4	KUSINI UNGUJA-23	
DODOMA URBAN	5	RUFUJI	5	ILEJE	5	BUKOMBE	5	KATI	1
BAHI	6	MAFIA	6	MBOZI	6	MEATU	6	KUSINI	2
				MBALALI	7	SHINYANGA URBAN	7		
ARUSHA-02		DAR-ES-SALAAM-07		MBEYA URBAN	8	KISHAPU	8		
MONDULI	1	KINONDONI	1					MUJI/MAGHARIBI UNGUJA-24	
ARUMERU	2	ILALA	2	SINGIDA-13		KAGERA-18		MAGHARIBI	1
ARUSHA	3	TEMEKE	3	IRAMBA	1	KARAGWE	1	MUJI	2
KARATU	4			SINGIDA RURAL	2	BUKOBIA RURAL	2		
NGORONGORO	5	LINDI-08		MANYONI	3	MULEBA	3	KASKAZINI PEMBA-25	
		KILWA	1	SINGIDA URBAN	4	BIHARAMULO	4	WETE	1
KILIMANJARO-03		LINDI RURAL	2			NGARA	5	MICHWEWENI	2
ROMBO	1	NACHINGWEA	3	TABORA-14		BUKOBIA URBAN	6		
MWANGA	2	LIWALE	4	NZEGA	1	CHATO	7	KUSINI PEMBA-26	
SAME	3	RUANGWA	5	IGUNGA	2	MISENYES	8	CHAKECHAKE	1
MOSHI RURAL	4	LINDI URBAN	6	UYUI	3			MKOANI	2
HAI	5			URAMBA	4	MWANZA-19			
MOSHI URBAN	6	MTWARA-09		SIKONGE	5	UKEREWE	1		
		MTWARA RURAL	1	TABORA URBAN	6	MAGU	2		
TANGA-04		NEWALA	2			NYAMAGANA	3		
LUSHOTO	1	MASASI	3	RUKWA-15		KWIMBA	4		
KOROGWE	2	TANDAHIMBA	4	MPANDA	1	SENGEREMA	5		
MUHEZA	3	MTWARA MIKINDANI	5	SUMBAWANGA	2	GEITA	6		
TANGA	4			NKASI	3	MISUNGWI	7		
PANGANI	5	RUVUMA-10		SUMBAWANGA URBAN	4	ILEMELA	8		
HANDENI	6	TUNDURU	1						
KILINDI	7	SONGEA RURAL	2	KIGOMA-16		MARA-20			
MKINGA	8	MBINGA	3	KIBONDO	1	TARIME	1		
		SONGEA URBAN	4	KASULU	2	SENGEREMA	2		
MOROGORO-05		NAMTUMBO	5	KIGOMA RURAL	3	MUSOMA RURAL	3		
KILOSA	1			KIGOMA URBAN	4	BUNDA	4		
MOROGORO	2	IRINGA-11				MUSOMA URBAN	5		
KILOMBERO	3	IRINGA RURAL	1						
ULANGA	4	MUFINDI	2			MANYARA-21			
MOROGORO	5	MAKETETE	3			BABATI	1		
MVOMERO	6	NJOMBE	4			HANANG	2		
		LUDEWA	5			MBULU	3		
		IRINGA URBAN	6			SIMANJIRO	4		
		KILOLO	7			KITETO	5		

List E: Activities/Occupation

<p>Agriculture, Horticulture, and Animal Husbandry :</p> <ol style="list-style-type: none"> 1. Laborer - Ploughing, Planting/Weeding/Harvesting 2. Owner -- Ploughing, Planting/Weeding/Harvesting 3. Activities related to the storage of crops 4. Herding 5. Poultry farming 6. Activities related to poultry products 7. Fishing 8. Piggery 9. Hunting/forestry 10. Dairy: Milk, making butter, etc 11. Shearing/Slaughtering 12. Horticulture – Vegetables 13. Horticulture – Fruits 14. Horticulture – Fruits and vegetables 15. Horticulture – Flowers 16. Horticulture - Mushrooms 17. Other activities related to agriculture, horticulture, or animal husbandry. <p>Manufacturing/processing:</p> <ol style="list-style-type: none"> 18. Making charcoal 19. Milling (incl. Hand milling) 20. Food processing – edibles and potables 21. Food processing – soap, cosmetics, beauty products 22. Canning 23. Beer brewing 24. Wine-making 25. Jewelry making 26. Making baskets/hats/clay pots/ other handicraft 27. Spinning/Weaving 28. Dressmaking/embroidery/tailoring 29. Stationery 30. Other manufacturing (not for home use) 31. Other manufacturing (for home use) 32. Recycling 	<p>Construction</p> <ol style="list-style-type: none"> 33. Farm buildings or fences 34. Houses 35. Roads 36. Mining 37. Other construction activities <p>Trading /Sales:</p> <ol style="list-style-type: none"> 38. Retail shop 39. Engaged in tea shops/street vending etc 40. Restaurant 41. Bar 42. Catering 43. Chair-table-tent hiring 44. Assisting in sales of agriculture products and other retail trades 45. Wine, beer, liquor sales <p>Other Services:</p> <ol style="list-style-type: none"> 46. Giving tuition to students for payment 47. Repair and maintenance services: tool, shoes, etc. (not for own household) 48. Collection of firewood, fetching water 49. Domestic/custodial work in homes 50. Elderly or child care 51. Custodial work in a firm or office 52. Clerical or secretarial work in a firm or office 53. Sanitation, sewage 54. Laundry or ironing 55. Finance 56. Real estate 57. Guest house 58. Venue decoration 59. Hair salon or beauty shop services 60. Cell phone minutes, SIM card retailer 61. IT services <p>Transport and storage:</p> <ol style="list-style-type: none"> 62. Carrying loads to market for sale 63. Carrying grain to /from mil/shamba 64. Car hire and tours 65. Other transport activities 66. Storage <p>Government and politics</p> <ol style="list-style-type: none"> 67. Central government 68. Local government 69. Political party Organizations 70. NGO 	<p>Organization</p> <ol style="list-style-type: none"> 70. NGO 71. Religious organization 72. Charity/trust 73. International organization <p>Other</p> <ol style="list-style-type: none"> 74. Other activity not listed above
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② EDUC → Employment + Time use

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

SECTION 4. EDUCATION

The female entrepreneur should report on each member of the household. Please keep same IDs assigned in the household roster.

Q1	Q2	Q3	Q4	Q5	Q6	Q7
HOUSEHOLD OLD			Is [name] 5 years old or older? Yes=1 No=2 → Go to next household member	[Name] literacy level Completed? See List K	Is [name]'s literacy level? Can read, can write=1 Can read, cannot write=2 Cannot read, can write=3 Cannot read, cannot write=4	In the last 12 months, how many months has [name] been attending school? If 0 → Go to next household member
	First name	Last Name				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

LIST K

0. Didn't go to school
1. Pre-school or less
2. Standard 1
3. Standard 2
4. Standard 3
5. Standard 4
6. Standard 5
7. Standard 6
8. Standard 7
9. Standard 8
10. Form 1
11. Form 2
12. Form 3
13. Form 4
14. Completed O levels
15. Form 5
16. Form 6
17. Completed A levels
18. Tertiary - Vocational
19. Tertiary - Diploma
20. Tertiary - Bachelor's
21. Tertiary - Post-graduate

* ~~household members~~ > 5 ✓ h5494

of kids attending school (by gender) ✓ h5498

husband / spouse's literacy level ✓

of kids going to private school (by gender) ✓

of kids going to public school (by gender) ✓

Total spent on all education expenses (by gender) ✓

average hours spent studying (total & by gender) ✓

[illegible]

[illegible]

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

[illegible]

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SECTION 5A: EMPLOYMENT

Ask each question about each household member, retaining the same IDs as in the Household Roster. Write all household members names. Choose main work activity by time spent on activity.

Full time means 40 or more hours per week when working. Part time work is anything less than 40 hours per week when working. Temporary or casual labor refers to a situation in which an individual does not have a guarantee (written or implicit) of work in the future. Often, these workers are hired for a single day, week, or month.

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
HOUSEHOLD MEMBER	Name	Last Name	Is [name] 5 years or older? Yes=1, No=2 → Go to next member	In the 12 months, at any time did [name] do work of any type for pay, profit, barter, or home use (consumption)? Yes=1, No=2 → Go to Q19	What was [name]'s main work activity in the past 12 months? See List E.	How many months in the past 12 months was [name] working on this activity? 1	What best describes the frequency of [name]'s main work activity? Full-time, permanent job when working=1 Full-time casual/temporary labor when working=2 Part-time labor when working=3	How often was [name] paid for this activity? See List O.	How often was [name] supposed to get paid for this activity? See List P.
1					Other, specify				
2					Other, specify				
3					Other, specify				
4					Other, specify				
5					Other, specify				
6					Other, specify				
7					Other, specify				
8					Other, specify				
9					Other, specify				
10					Other, specify				

LIST O
 Wage or salary, in cash =1
 Piece rate, in cash =2
 Wage or salary, in kind =3
 Piece rate, in kind =4
 Self-employed with no fixed salary =97
 Unpaid =98
 Don't know =99

LIST P
 Upon receiving =1
 Daily =2
 Weekly =3
 Twice a month =4
 Monthly =5
 Quarterly =6
 Twice a year =7
 Annually =8
 Upon delivery =9
 Self-employed =10
 Unpaid =98
 Don't know =99

* ~~12 members~~ ✓
 doing any work tasks

~~sum of all hh~~
~~earnings~~ last

12 months (not incl. resp.) ✓

indicator for someone in hh having wage work ✓

✓ # of businesses (not incl. resp.) (only one business registered per person)
 ✓ Sum of all business earnings in last month (not incl. resp.)

No indicator for number of businesses

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q1	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
HOUSEHOLD MEMBER ID	<p>How much did [name] earn from this activity in the last 12 months? Estimate in-kind payments. Don't know=99.</p>	<p>On average, how many hours per day was [name] spending on this activity in the last 12 months in the months that [name] was engaged in this activity?</p>	<p>How far away is [name]'s primary work location for this activity? Code in kilometers.</p>	<p>How long does it take [name] to reach this work location? Code in minutes.</p>	<p>Was [name] working on this same activity in the last 1 month? Yes=1 → Go to Q17, No=2</p>	<p>What was [name]'s primary work activity in the last 1 month? See List E. Not working=98 → Go to Q18, Don't know=99.</p>	<p>How much did [name] earn last month from their main work activity? Estimate in-kind payments. Don't know=99.</p>	<p>How much did [name] make from all other income-generating activities last month? This should include any rental income earned.</p>
1						Other, specify		
2						Other, specify		
3						Other, specify		
4						Other, specify		
5						Other, specify		
6						Other, specify		
7						Other, specify		
8						Other, specify		
9						Other, specify		
10						Other, specify		

4704

HOUSEHOLD QUESTIONNAIRE										HOUSEHOLD ID									
Q1	Q19	Q20	Q21	Q22	Q23	Q24	Q25												
HOUSEHOLD MEMBER R ID		When did [name] last work for pay, profit, barter, or home use? mm/yyyy. Never worked=99/99.	[name] ever worked for wage in the last 12 months? Yes=1, No=2, Don't Know=99	Has [name] worked in another sector in the last 12 months? Code sector from List E. Always worked in same sector=97 Was not working prior to last 12 months=98	[name] operate his/her own business (Is [name] self-employed)? Yes=1, No=2 → Go to next household member	[name]'s main work activity listed in Q6? Yes=1 → Go to Q26, No=2	[name]'s main work activity listed in Q6? Yes=1 → Go to Q26, No=2												
	1	Other, specify																	
	2	Other, specify																	
	3	Other, specify																	
	4	Other, specify																	
	5	Other, specify																	
	6	Other, specify																	
	7	Other, specify																	
	8	Other, specify																	
	9	Other, specify																	
	10	Other, specify																	

LIST Q

Attending school=1

Sick=2

Too young=3

Too old=4

Disabled=5

Too many household chores=6

Assisting/helping someone else=7

Could not find work=8

Other=9, Specify

HOUSEHOLD ID																		
Q1	Q26				Q27		Q28			Q29			Q30			Q31		
HOUSEHOLD MEMBER ID	Where does [name] operate this business? See List R.				Does [name] also operate in the household co-owned business? Write ID of the household member. Yes=1 No=2		When did [name]'s business start? mm/yyyy			How many full or part-time employees other than the owners does [name]'s business have from the family? Note that these do not have to be paid employees.			How many full or part-time employees other than the owners does [name]'s business have from outside the family? Note that these do not have to be paid employees.			What was [name]'s total net earnings from this business in the last month? Don't know=99.		
	1			Other, specify					/									
	2			Other, specify					/									
	3			Other, specify					/									
	4			Other, specify					/									
	5			Other, specify					/									
	6			Other, specify					/									
	7			Other, specify					/									
	8			Other, specify					/									
	9			Other, specify					/									
	10			Other, specify					/									

LIST R

1. Within own or business partner's home, with special business space
2. Within own or business partner's home, without special business space
3. Separate structure adjacent to own or business partner's house
4. Stand-alone permanent building, non-residential
5. Room in a permanent building, non-residential
6. Fixed stall/kiosk in market
7. Vehicle, cart, temporary stall in market
8. Fixed stall/kiosk in street
9. Vehicle, cart, temporary stall in street
10. Fairs, exhibitions
11. Other temporary structure
12. Construction site
13. Clients' homes
99. Don't know

List E: Activities/Occupation

Agriculture, Horticulture, and Animal Husbandry :	Construction	Organization
1. Laborer - Ploughing, Planting/Weeding/Harvesting 2. Owner - - Ploughing, Planting/Weeding/Harvesting 3. Activities related to the storage of crops 4. Herding 5. Poultry farming 6. Activities related to poultry products 7. Fishing 8. Piggery 9. Hunting/forestry 10. Dairy: Milk, making butter, etc 11. Shearing/Slaughtering 12. Horticulture – Vegetables 13. Horticulture – Fruits 14. Horticulture – Fruits and vegetables 15. Horticulture – Flowers 16. Horticulture – Mushrooms 17. Other activities related to agriculture, horticulture, or animal husbandry. Manufacturing/processing: 18. Making charcoal 19. Milling (incl. Hand milling) 20. Food processing – edibles and potables 21. Food processing – soap, cosmetics, beauty products 22. Canning 23. Beer brewing 24. Wine-making 25. Jewelry making 26. Making baskets/hats/clay pots/ other handicraft 27. Spinning/Weaving 28. Dressmaking/embroidery/tailoring 29. Stationery 30. Other manufacturing (not for home use) 31. Other manufacturing (for home use) 32. Recycling	33. Farm buildings or fences 34. Houses 35. Roads 36. Mining 37. Other construction activities Trading /Sales: 38. Retail shop 39. Engaged in tea shops/street vending etc 40. Restaurant 41. Bar 42. Catering 43. Chair-table-tent hiring 44. Assisting in sales of agriculture products and other retail trades 45. Wine, beer, liquor sales Other Services: 46. Giving tuition to students for payment 47. Repair and maintenance services: tool, shoes, etc. (not for own household) 48. Collection of firewood, fetching water 49. Domestic/custodial work in homes 50. Elderly or child care 51. Custodial work in a firm or office 52. Clerical or secretarial work in a firm or office 53. Sanitation, sewage 54. Laundry or ironing 55. Finance 56. Real estate 57. Guest house 58. Venue decoration 59. Hair salon or beauty shop services 60. Cell phone minutes, SIM card retailer 61. IT services Transport and storage: 62. Carrying loads to market for sale 63. Carrying grain to /from mil/shamba 64. Car hire and tours 65. Other transport activities 66. Storage Government and politics 67. Central government 68. Local government 69. Political party Organizations 70. NGO	70. NGO 71. Religious organization 72. Charity/trust 73. International organization Other 74. Other activity not listed above

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 5B. TIME USE

Please trace out the activities of the female respondent only on a typical weekday from the time she wakes up for a 24 hour period. Time slot will be in hours of a day (example from 8 a.m to 9 a.m). The last time slot filled in should be when the household member is sleeping. Please see below for Activity, Household and Paid Work Codes.

Start by asking when the woman wakes up in the morning and then ask about her routine/schedule.

Q1	a. Time slot 1	b. Time slot 2	c. Time slot 3	d. Time slot 4	e. Time slot 5
Time	.....to.....	.....to.....	.....to.....	.....to.....	.....to.....
Activity					
Type of house work					
Type of paid work					
Q1 continued	f. Time slot 6	g. Time slot 7	h. Time slot 8	i. Time slot 9	i. Time slot 10
Time	.....to.....	.....to.....	.....to.....	.....to.....	.....to.....
Activity					
Type of house work					
Type of paid work					

Activity codes

- 1=Housework
- 2=Looking after others' daily needs (feeding, bathing, etc)
- 3=Looking after own daily needs
- 4=Exercise
- 5=Eating
- 6=Paid work
- 7=Traveling
- 8=Resting
- 9=Sleeping
- 10=Media entertainment (TV, radio, etc)
- 11=Playing with children
- 12=Chatting with friends
- 13=Looking after children's studies
- 14=Prayer
- 15=Drinking
- 16=Other, Specify

Housework codes

- 1=Farm work
- 2=Livestock
- 3=Looking after kids, siblings, or the elderly.
- 4=Cooking
- 5=Cleaning
- 6=Fetching water
- 7=Non-agricultural unpaid work done outside the household
- 8=Other housework

Paid work codes

- 1=Farm Work
- 2=Livestock
- 3=Non-agricultural wage work
- 4=Own enterprise of respondent
- 5=Enterprise of another household member
- 6=Other paid work

~~XXXX~~

~~XXXX walking~~ ??

Total time spent on chores ??

~~XXXX~~ ??

~~XXXX~~ (codes 3, 5, 9)

~~XXXX~~ leisure time

~~XXXX~~

~~XXXX~~ travel time

The following questions are to be asked to the respondent about other household members. Please keep the row that corresponds to the respondent blank.

Q2	Q3	Q4	Q5	Q6
Household Member ID	On a typical day, how many hours per day does [name] spent outside the household?	On a typical day, how many hours per day does [name] spend working outside the household?	On average, how much time per week does [name] spend on household chores? Code in Minutes.	On average, how many hours per week does [name] spend working/assisting with the respondent's business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

~~Total # of people helping w/ business~~ ✓

~~Total hours of help w/ business~~ ✓

~~Average total hours of help w/ business from spouse~~ ✓

~~Average total hours of help w/ business from children (<18)~~ ✓

~~Average total hours of help w/ business from female children~~ -> hh 1000 45 (100 hrs)
LD 1400 (2 kids)

~~Average total hours of help w/ business from male children~~ ✓

~~Average total hours of spent on hh chores by spouse~~ ✓

Total hours spent on hh chores by children ✓

Average total hours spent on hh chores by ~~female~~ children ✓

Household_english-Final_final_final.xls

Average total hours spent on hh chores by male children ✓

12 obs > 168 hrs
3052

85 obs > 168 hrs
2800

1103 obs > 168 hrs
4704

1723 obs > 168 hrs
3050

1184 obs > 168 hrs
2928

0713537989

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 6. PARTICIPATION IN GROUPS Ask female entrepreneur about her participation in each group. Start with the first group in the list and ask Q1-Q6 (when applicable). Then move on to the next group.	1. How often do you meet with this group? No=2 → Go to next group	2. How long have you been participating in the activities of this group? Code in months.	3. How often do you meet with this group? Weekly=1 Fortnightly=2 Monthly=3 Quarterly=4 Semi-annually=5 Annually=6	4. Approximately how many hours per month do you spend on activities associated with this group?	5. What is your role in this group? See List S.	6. What are the benefits of participating in this group? List up to 3. See List T. Answers should be spontaneous. Do not read list aloud.
Self-help group, non-credit related	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ROSCA, SACCO, or UPATU	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Micro-finance group	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
School/education committee	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Drama, music, dance, or sport club	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cooperative	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Burjal group	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Religious group	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4 vars x 13 groups

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ward or village committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clan committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political party or other political group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NGO (volunteer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community mobilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You might also be part of some groups that I didn't mention. Can you tell me what those are?

Other (1), Specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2), Specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (3), Specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>In the past 12 months, have you voted in any kind of political election? Yes=1, No=2</p>	<input type="checkbox"/>
<p>In the past 12 months, has your spouse/partner prevented you from attending a meeting? Yes=1, No=2, No spouse/partner=99</p>	<input type="checkbox"/>

LIST S

1. Chair Fundraiser
2. Other outreach
3. Secretary
4. Treasurer
5. Resource person
6. Trainer or mentor
7. Arbitrator
8. Other participant

LIST T

1. Finance (saving or credit)
2. Information or advice
3. Networking – for own business
4. Networking – to find work
5. Networking – other reasons
6. Friendship
7. Status or prestige
8. To pass the time
9. To feel useful
10. To act on one's own convictions

③ Consumption, Assets, loans & gifts

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 7A. CONSUMPTION

Please list items used in the household in case you are asked about food consumption. List any item used by any household member in 7 days. Ask about all items listed in this form.

1. Within the past 7 days, did any member(s) of this household eat/use (---) within the household? Yes=1, No=2 → Got to next item. Only list items consumed within the household and exclude food consumed out side the household. Ask for each item before moving to Q 2			2. How much (...) in total did your household consume in the past 7 days?		3. How much (...) came from purchases in the past 7 days? If none write 0 for quantity and leave blank for unit.		Unit
Item	Yes/No	Quantity	Unit	Quantity	Unit		
102	Rice (hesked)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Kilogram.....1
104	Maize (grain)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gram.....2
105	Maize flour	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Litre.....3
107	Millet and sorghum flour	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Milimetre.....4
201	Fresh cassava	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bag kg25.....5
202	Cassava dry flour	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bag kg 50.....6
203	Sweet potatoes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bag kg 90.....7
206	Cooking banana, plantains	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Debe.....8
301	Sugar	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Table spoon.....9
401	Peas, beans, lentils and other pulses	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bunch.....10
601	Onions, tomatoes, carrots and green pepper and other spices	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hand.....11
602	Spinach, cabbage and other green vegetables	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Piece/Number..12
802	Beef - including minced meat and sausage	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reap.....13
808	Fresh fish and seafood (including small fish)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Handful.....14
809	Dried/salted/canned fish and sea food (inc. small fish)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pakacha.....15
901	Fresh milk	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Korogoro.....16
1001	Cooking oil	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tin 1/4 kg..17
							Tin 1/2 kg..18
							Tin kg 1.....19
							Bowl.....20
							Cup.....21
							Glass.....22
							Shilling.....23
							Other.....24

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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1. Within the past 7 days, did any member(s) of this household eat/use (---) within the household? Yes=1, No=2 → Got to next item. Only list items consumed within the household and exclude food consumed outside the household. Ask for each item before moving to Q 2		4. How much did you spend?		5. How much (....) came from own production in the past 7 days? If none write 0.0 for quantity and leave blank for unit.		6. How much (----) came from gifts or other sources in the past 7 days? Don't include food consumed outside the household. If none write 0.0 for quantity and leave blank for unit.	
Item	Shilling	Quantity	Unit	Quantity	Unit	Quantity	Unit
102 Rice (heshked)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
104 Maize (grain)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
105 Maize flour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
107 Millet and sorghum flour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
201 Fresh cassava	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
202 Cassava dry flour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
203 Sweet potatoes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
206 Cooking banana, plantains	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
301 Sugar	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
401 Peas, beans, lentils and other pulses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
601 Onions, tomatoes, carrots and green pepper and other spices	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
602 Spinach, cabbage and other green vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
802 Beef - including minced meat and sausage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
808 Fresh fish and seafood (including small fish)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
809 Dried/salted/canned fish and sea food (inc. small fish)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
901 Fresh milk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1001 Cooking oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Has anyone in the household experienced hunger in the last 30 days? Yes=1; No=2		<input type="text"/>					
8. Has the quality of food improved in the last year? Yes=1, No=2		<input type="text"/>					

This requires making a consumption aggregate

✓ Total spent on food last 7 days

✓ Receipt of

✓

✓

✓

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 7B. OTHER FOOD CONSUMPTION IN THE PAST 7 DAYS

1	Over the past 7 days did any people in the following categories who have not been listed as household members eat any meals in your household? Yes=1, No=2	Children 0-5 years		
		Children 6-15 years		
		Adults 16-65 years		
		Adults over 65 years		
2-3	Over the past 7 days, did any household member purchase the following items outside of the household? If item not purchased, code 0 shillings and 99 as the household member ID.	Full meals (breakfast, lunch, dinner)	Tsh <input type="text"/>	3. Household ID of person responsible for purchases ID <input type="text"/>
		Barbequed meat, chips, roast bananas, and other snacks	Tsh <input type="text"/>	ID <input type="text"/>
		Kibuki and other local brews	Tsh <input type="text"/>	ID <input type="text"/>
		Wine, commercial beer/spirits	Tsh <input type="text"/>	ID <input type="text"/>
		Sodas and other non-alcoholic drinks	Tsh <input type="text"/>	ID <input type="text"/>
		Sweets and ice-creams	Tsh <input type="text"/>	ID <input type="text"/>
		Snacks	Tsh <input type="text"/>	ID <input type="text"/>

SECTION 7C. RECENT NON-FOOD CONSUMPTION

1-2	Over the past 14 days, did any household member purchase the following items? If item not purchased, code 0 shillings and 99 as the household member ID.		1. Total spent in shillings	2. Household ID of person responsible for purchases
		Charcoal, coal	Tsh <input type="text"/>	ID <input type="text"/>
		Firewood	Tsh <input type="text"/>	ID <input type="text"/>
		Kerosene, paraffin	Tsh <input type="text"/>	ID <input type="text"/>
		Matches, lighters, candles, lamp/stove wicks	Tsh <input type="text"/>	ID <input type="text"/>
		Laundry soap, toilet paper	Tsh <input type="text"/>	ID <input type="text"/>
		Cigarettes, tobacco, snuff	Tsh <input type="text"/>	ID <input type="text"/>
		Cell phone top up, internet	Tsh <input type="text"/>	ID <input type="text"/>
3-4	In the past 30 days, did any household member purchase the following items	Transport Petrol oil, fares (bus, minibus, taxi, boat), public transport to/from school or for medical care	Tsh <input type="text"/>	ID <input type="text"/>
			3. Total spent in shillings	4. Household ID of person responsible for purchases
		Personal care Toilet paper, toothpaste, hair products, lotions, make-up, beauty salons (exclude toilet and laundry soap)	Tsh <input type="text"/>	ID <input type="text"/>
		Batteries	Tsh <input type="text"/>	ID <input type="text"/>
		Drinks Electricity, water, garbage disposal, telephone landline	Tsh <input type="text"/>	ID <input type="text"/>

SECTION 7D: HOUSEHOLD ASSETS PURCHASE

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Household_english-Final_final_final.xls

HOUSEHOLD ID					
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SECTION 8. HOUSING AND ASSETS		Respondent
Ask female entrepreneur.		
1	<p>Ownership status of current residence?</p> <p>Owned=1</p> <p>Rented=2</p> <p>Employer provided/subsidized=3</p> <p>Free housing, authorized=4</p> <p>Free housing, non-authorized=5</p> <p>Other =6, Specify</p>	<p><input type="checkbox"/></p> <p>Specify for Other:.....</p>
2	<p>Who owns the dwelling?</p> <p>You=1</p> <p>Spouse/partner=2</p> <p>You and spouse/partner jointly=3</p> <p>Family member (your side)=4</p> <p>Family member (spouse/partner's side)=5</p> <p>Landlord=6</p> <p>Company=7</p> <p>Government=8</p> <p>Charity/religious organization=9</p> <p>Other non-family member=10</p> <p>Don't know=11</p>	<p><input type="checkbox"/></p>
3	<p>What is the primary document you have that proves ownership or the right to live here? Enumerator should code most secure form of proof. For example, if respondent has both deed and traditional right, code 1.</p> <p>Title or deed=1</p> <p>Offer of the right of occupancy=2</p> <p>Letter or allocation from government=3</p> <p>Settlement permit=4</p> <p>Traditional right of occupancy=5</p> <p>Land sale agreement=6</p> <p>Inheritance letter=7</p> <p>Lease (for renters)=8</p> <p>RITA=9</p> <p>Resident's license=10</p> <p>Other title=11, Specify</p> <p>No documentation=12</p>	<p><input type="checkbox"/><input type="checkbox"/></p> <p>Specify for Other:.....</p>
4	<p>How much is the monthly rent? Code 0 for both owner-occupied and free housing. Estimate the value of any in-kind payments.</p>	<p>Tsh <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
5	<p>How many habitable rooms are in the dwelling?</p> <p>Do not count bathrooms, toilets, storage rooms, or garage.</p>	<p><input type="text"/><input type="text"/></p>
6	<p>Walls of this dwelling are made predominantly of which material?</p> <p>Stones=1</p> <p>Cement bricks=2</p> <p>Sun-dried bricks=3</p> <p>Baked/burnt bricks=4</p> <p>Poles and mud=5</p> <p>Timber=6</p> <p>Grass=7</p> <p>Other=8, Specify</p>	<p><input type="checkbox"/></p> <p>Specify for Other:.....</p>

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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7	<p>The roof of this dwelling is made predominantly of which material?</p> <p>Grass, leaves, bamboo=1</p> <p>Mud=2</p> <p>Concrete, cement=3</p> <p>Metal sheets (GCI)=4</p> <p>Asbestos=5</p> <p>Tiles=6</p> <p>Tarp=7</p> <p>Other=8, Specify</p>	<input type="checkbox"/> <p>Specify for Other:.....</p>										
8	<p>The floor of this dwelling is made predominantly of which material?</p> <p>Earth=1</p> <p>Concrete, cement=2</p> <p>Tile=3</p> <p>Wood=4</p> <p>Other=5, Specify</p>	<input type="checkbox"/> <p>Specify for Other:.....</p>										
9	<p>What is the household's main source of drinking water?</p> <p>See List S</p>	<input type="checkbox"/> <p>Specify for Other:.....</p>										
10	<p>What is the household's main source of fuel/energy for cooking?</p> <p>See List T</p>	<input type="checkbox"/> <p>Specify for Other:.....</p>										
11	<p>What is the household's main source of fuel/energy for lighting?</p> <p>See List T</p>	<input type="checkbox"/> <p>Specify for Other:.....</p>										
12	<p>What is the household's main source of fuel/energy for heating/cooling?</p> <p>See List T</p>	<input type="checkbox"/> <p>Specify for Other:.....</p>										
13	<p>What is the household's main source of electricity?</p> <p>See List U</p>	<input type="checkbox"/> <p>Specify for Other:.....</p>										
14	<p>How much monthly rent is collected from real estate other than this dwelling? Code 0 if there is no other real estate.</p>	<p>Tsh</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

CODES		
LIST S	LIST T	LIST U
1. Rain catchments tank	0. None	1. None
2. Private piped (tap) water in dwelling	1. Electricity	2. Public utility company
3. Private piped (tap) water in dwelling	2. Gas (Industrial)	3. TANESCO
4. Piped (tap) water from community supply (outside dwelling)	3. Gas (Biogas)	4. Community -owned/managed generator
5. Vendor (person selling water)	4. Firewood	5. Own generator
6. Bottled water	5. Coal	6. Solar panels
7. Private well, unprotected	6. Candles/paraffin wax	7. Car/motorcycle battery
8. Private well, protected	7. Animal dung	8. Wind panel
9. Public well, unprotected	8. Solar energy	9. Other, Specify
10. Public well, protected	9. Kerosene/paraffin oil	
11. Spring, unprotected	10. Charcoal	
12. Spring, protected	11. Sawdust	
13. River, dam, lake, etc.	12. Other, Specify	
14. Other, Specify		

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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	For each of the following items, list the quantity found in the dwelling, the value of the item if it were to be bought in its current condition, the owner of the item.	15. Quantity		Code 0 if none.	16. Value					Thousands of shillings	17. Owner				
15-17	Radio and cassette player				Tsh										
	Telephone (landline)				Tsh										
	Telephone (mobile)				Tsh										
	Refrigerator or freezer				Tsh										
	Sewing machine				Tsh										
	Television				Tsh										
	Video/DVD player				Tsh										
	Computer				Tsh										
	Gas or electric stove				Tsh										
	Other stove				Tsh										
	Iron				Tsh										
	Clock				Tsh										
	Dining table				Tsh										
	Utensils and crockery				Tsh										
	Chairs				Tsh										
	Sofa/couch				Tsh										
	Curtains				Tsh										
	Lamps				Tsh										
	Motor vehicles				Tsh										
	Motor cycle				Tsh										
	Bicycle				Tsh										
	Large livestock (e.g. cows, donkeys)				Tsh										
	Medium livestock (e.g. pigs, goats)				Tsh										
	Small livestock (e.g. chickens)				Tsh										

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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SECTION 9A. SAVINGS

When applicable, the female entrepreneur should report on each member of the household. Please keep same IDs assigned in the household roster. Let the respondent know that she can refer to her financial records. Please reiterate that this information is strictly confidential and will not be shared with the government, any private company, NGO, or any individual. Information from all surveyed entrepreneurs will be combined together and only averages within each geographic area and sector will be made available to MKUBWA. No one besides this survey firm will be able to match this information that you provide today with your name or any other personal identifier (such as your address), and therefore we will always keep this data safe and locked away.

We understand that your personal cash savings is a very private topic and that you might not want to divulge this information to anyone, even your family. Let me stress that this information will never be shared alongside your name.

Q1	What is the value of all savings that you own jointly with someone else? Combine cash and non-cash savings.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Q2	What is the approximate value of all personal savings that you have in the form of gold, land, property, or livestock? In the case of joint ownership, approximate 50% of respondent's share.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Q3	How much does the rest of your household think that you currently have in personal cash savings? Personal savings are savings of the respondent alone.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Q4	How much personal cash savings do you have currently? If cash savings = 0 → Go to Q10	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Q5	Where do you keep most of your cash savings? See List V.	<table border="1"><tr><td></td><td></td></tr></table>																				
Q6	How much interest do you earn on these savings? Code 0% if there is no interest earned on savings. Don't Know=99.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Q7	Do you have a particular cash saving strategy? I save a fixed amount away at a regular frequency=1 I save whenever I don't spend at a regular frequency=2 I save whenever I don't spend at irregular intervals=3 Other, specify=	<table border="1"><tr><td></td></tr><tr><td>Other specify....</td></tr></table>		Other specify....																		
Other specify....																						
Q8	In what month is your cash savings typically the highest? Record month (01-12) Savings constant throughout year=98	<table border="1"><tr><td></td><td></td></tr></table>																				
Q9	How much is your savings at this time of highest savings?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Q10	Do you have a savings target? What is it? Code in shillings. No specific goal=77	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Q11	What is the planned use for these savings? See List W. No saving=99.	<table border="1"><tr><td></td><td></td></tr></table>																				

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Now I would like to ask you about the savings of other household members. Please leave the row that corresponds to the respondent blank.

Q12	Q13	Q14	Q15	Q16	Q17
HOUSEHOLD MEMBER ID	First name	Second name	How much personal cash savings does [name] have? No Savings=0, Don't know=99	What is the approximate value of all personal savings that [name] has in the form of gold, land, property, or livestock? In the case of joint ownership, approximate value of [name]'s share. Don't know=99	Where does [name] keep his/her cash savings? See List V.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

List V

- 1= Safe-keeping with self
- 2= Safe-keeping in own household
- 3= Safe-keeping with family/friend
- 4= Safe-keeping with shop owner or employer
- 5= Savings account in bank
- 6= Checking account in bank
- 7= ROSCA/SAVCO
- 8= in the village
- 9= Other, Specify
- 10= No cash savings

List W

- 1= Land/property - agricultural
- 2= Land/property - residential
- 3= Land/property - business
- 4= Agricultural input/equipment
- 5= Business input/equipment
- 6= Business - pay employees
- 7= Housing repair or purchase
- 8= Education / training
- 9= Routine health expenditure
- 10= Emergency health expenditure
- 11= Ceremonies (weddings, funerals)
- 12= Vehicle purchase or repair
- 13= Food
- 14= Clothing
- 15= Other expenditure
- 16= To repay other loan
- 17= Regular household support
- 18= Other, Specify
- 99= Don't know.

Sum of Q15 for spouse ✓

Sum of Q15 for HH ✓

Sum of Q16 for HH ✓

SECTION 9B. BORROWING

Cases are loans, not household members. Please list any loans requested by any household member. Include loans for agriculture. Probe for goods or services received on credit. Ask for loans from individuals, NGOs, MFIs, banks, business associates, family and friends (including other household members). Please assure respondents that none of this information will be disclosed to anyone, even other members of their family. We are interested in knowing about women's financial constraints, so it is important for them to list ALL loans outstanding.

Suggestions: Ask about all loans requested by household member and code their household member ID. Use extra sheet if there are more than 10 loan requests from this household in the past 12 months. Start with all loan request(s) by the respondent in the past 12 months. Start with the 1st loan and ask Q3-23, then go to the next loan.

Q1 Did any household member request a loan or try to borrow money in the last 12 months? Yes = 1 ; No=2 ----> Section 9C.							
LOAN ID	Who made the loan request? Code household member ID.	From which source is the loan requested? See List X.	Where is this loan source? See List Y	What was the main purpose of taking the loan? See List Z	What was the total amount requested? ?	What was the total amount received? If Q7=Q8 - Go to Q10	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

LIST X

1. Household member - Code Household Member ID
2. Relative of spouse/partner
3. Own relative
4. Inheritance
5. Neighbor
6. Friend in Dar es Salaam
7. Friend outside Dar es Salaam
8. Someone from [name]'s home district
9. Money lender
10. Commercial Bank
11. A saving and loan group
12. Farmer group or cooperative
13. MFI
14. Self-help group or SACCO
15. Fataki
16. Building society
17. Insurance company
18. Employer
19. Business partner
20. Business associate
21. Employee
22. Grocer/local merchant/trader
23. Village leader, politician
24. Church or religious leader
25. NGO or charity
26. Government/Government institution
27. Other, Specify

LIST Y

- In ward =1
 Not in ward, but in district=2
 Not in district, but in Dar =3
 Not in Dar, but in Tanzania=4
 Abroad =5

LIST Z

- 1= Land/property – agricultural
- 2= Land/property – residential
- 3= Land/property – business
- 4= Agricultural inputs/equipment
- 5= Business inputs/equipment
- 6= Business – pay employees
- 7= Housing repair or purchase
- 8= Education / training
- 9= Routine health expenditure
- 10= Emergency health expenditure
- 11= Ceremonies (weddings, funerals)
- 12= Vehicle purchase or repair
- 13= Food
- 14= Other expenditure
- 15= Clothing
- 16= Cosmetics or toiletries
- 17= Jewelry
- 18= To repay other loan
- 19= Regular household support
- 20= Other , Specify
- 99= Don't know

HOUSEHOLD QUESTIONNAIRE										HOUSEHOLD ID									
Q2	Q9			Please ask the following questions only about loans that were actually obtained. Retain same loans IDs.	Q10			Q11			Q12			Q13					
LOAN ID	Why was the total amount not received? See ListAA.				When was the loan obtained? dd/mm/yyyy			How much was originally supposed to be repaid? Originally = at the time the loan was made/agreed on.			When was this loan originally supposed to be repaid? dd/mm/yyyy			What was the interest rate on the loan? Don't know=99.					
1							/					/							
2							/					/							
3							/					/							
4							/					/							
5							/					/							
6							/					/							
7							/					/							
8							/					/							
9							/					/							
10							/					/							

- LIST AA**
1. Eligibility (e.g. age, membership)
 2. Had no collateral/ securities
 3. Political alignment
 4. Did not agree on terms and conditions
 5. Other, Specify
- 99= Don't know.

HOUSEHOLD QUESTIONNAIRE										HOUSEHOLD ID																
Q2	Q14				Q15				Q16				Q17				Q18				Q19					
LOAN ID	How was the loan disbursed? Cash=1, In-kind=2, In-cash & in-kind=3. Note: Code goods bought on credit as in-kind.				What kind of security or collateral was required for the loan? See List AB				How frequently were loan payments required? See List AC				What part of the total loan was repaid by the original due date? None=1 Small part=2 Large part=3 Entire amount=4 → Go to Q20 Due date still pending=98				How much still has to be paid back?				When do you think it will be fully repaid? dd/mm/yyyy Don't know=99					
1								Other																/		
2								Other																/		
3								Other																/		
4								Other																/		
5								Other																/		
6								Other																/		
7								Other																/		
8								Other																/		
9								Other																/		
10								Other																/		

- LIST AB**
1. No security or collateral required
 2. Land
 3. Livestock
 4. House or building
 5. Business asset
 6. Labor
 7. Guarantee from employer
 8. Guarantee from spouse/partner
 9. Guarantee from non-relatives
 10. Minimum balance
 11. Other, Specify
 99. Don't know

- LIST AC**
- Daily =1
 - Weekly =2
 - Twice a month =3
 - Monthly =4
 - Quarterly =5
 - Annually =6
 - One payment =7
 - Whenever lender asks =8

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q2	Q20	Q21	Q22	Q23	Q24
LOAN ID	Estimate the value of any property, merchandise, or assets that have been seized to pay off any remaining debts incurred in the last year as a result of this loan.	Does anyone in your household or family other than you know about this loan? Yes=1, No=2	How much would the rest of your household or family think has been borrowed under this loan?	Although you might have intended this loan to be spent in a certain way, sometimes things can get in the way. How was this loan actually spent? See List Z	Although one person might have taken out the loan, another person might have spent the money. Who primarily made the decisions on how this loan was spent? See List X
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

LIST X

1. Household member - Code Household Member ID
2. Relative of spouse/partner
3. Own relative
4. Inheritance
5. Neighbor
6. Friend in Dar es Salaam
7. Friend outside Dar es Salaam
8. Someone from [name]'s home district
9. Money lender
10. Commercial Bank
11. A saving and loan group
12. Farmer group or cooperative
13. MFI
14. Self-help group or SACCO
15. Fataki
16. Building society
17. Insurance company
18. Employer
19. Business partner
20. Business associate
21. Employee
22. Grocer/local merchant/trader
23. Village leader, politician or elder
24. Church or religious leader
25. NGO or charity
26. Government/Government Institution
27. Other, Specify

LIST Z

- 1= Land/property - agricultural
- 2= Land/property - residential
- 3= Land/property - business
- 4= Agricultural inputs/equipment
- 5= Business inputs/equipment
- 6= Business - pay employees
- 7= Housing repair or purchase
- 8= Education / training
- 9= Routine health expenditure
- 10= Emergency health expenditure
- 11= Ceremonies (weddings, funerals)
- 12= Vehicle purchase or repair
- 13= Food
- 14= Other expenditure
- 15= Clothing
- 16= Cosmetics or toiletries
- 17= Jewelry
- 18= To repay other loan
- 19= Regular household support
- 20= Other, Specify
- 99= Don't know.

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

SECTION 9C. LENDING

Cases are loans made to others. Include loans for agriculture. Probe for goods or services provided on credit. Ask for loans to individuals, business associates, family and friends (including other household members). Code labor lent out as an in kind loan. Suggested method of asking questions: Ask about all loans made by any household member and note down the household ID of each person who lent the money. (Use EXTRA SHEET for Borrowing, Lending, and Gifts if there are more than 6 loans made by members of this household in the last 12 months). Then start with loan 01, and ask Q3-Q20. The move on to loan 02 and ask Q3-Q20, etc.

Q1

Did any household member lend out money or goods/services in the last 12 months? Yes=1
No=2 → ...> Section 9D

Q2	Q3	Q4	Q5	Q6	Q7
LOAN ID	Who lent out the money or - goods/services? Code household member ID.	Who received the loan? See List AD	Where is the receiver of the loan? See List AE.	What was the receiver's main purpose of taking the loan? See List AF.	What was the total amount requested?
1		Other specify..... ID		Other specify.....	
2		Other specify ID		Other specify.....	
3		Other specify ID		Other specify.....	
4		Other specify ID		Other specify.....	
5		Other specify ID		Other specify.....	
6		Other specify ID		Other specify.....	
7		Other specify ID		Other specify.....	
8		Other specify ID		Other specify.....	
9		Other specify ID		Other specify.....	
10		Other specify ID		Other specify.....	

LIST AD

1. Household member - Code Household Member ID
2. Relative of spouse/partner
3. Own relative
4. Inheritance
5. Neighbor
6. Friend in Dar es Salaam
7. Friend outside Dar es Salaam
8. Someone from [name]'s home district
9. Money lender
10. Commercial bank
11. A saving and loan group
12. Farmer group or cooperative
13. MFI
14. Self-help group or SACCO
15. Fataki
16. Building society
17. Insurance company
18. Employer
19. Business partner
20. Business associate
21. Employee
22. Grocer/local merchant/trader
23. Village leader, politician or elder
24. Church or religious leader
25. NGO or charity
26. Government/Government institution
27. Other, Specify

LIST AE

1. In ward =1
2. Not in ward, but in district =2
3. Not in district, but in Dar =3
4. Not in Dar, but in Tanzania =4
5. Abroad =5

LIST AF

1. Land/property - agricultural
2. Land/property - residential
3. Land/property - business
4. Agricultural inputs/equipment
5. Business inputs/equipment
6. Business - pay employees
7. Housing repair or purchase
8. Education / training
9. Routine health expenditure
10. Emergency health expenditure
11. Ceremonies (weddings, funerals)
12. Vehicle purchase or repair
13. Food
14. Clothing
15. Other expenditure
16. To repay other loan
17. Regular household support
18. Other, Specify

118
821 - lending

205
821

205
821
Total amount lent out
by rep

205
821
Total amount lent out
by rep

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Total amount lent out
by rep

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q2	Q8	Q9	Q10	Q11	Q12	Q13
LOAN ID	What was the total amount lent? If Q7=Q8→ Go to Q10	Why was the total amount not lent? See List AG	When was the loan made? dd/mm/yyyy	How much was originally supposed to be repaid? Originally = at the time the loan was made/agreed on.	When was this loan originally supposed to be repaid? dd/mm/yyyy	What was the interest rate on the loan? Don't know=99.
1		Other specify.....				
2		Other specify.....				
3		Other specify.....				
4		Other specify.....				
5		Other specify.....				
6		Other specify.....				
7		Other specify.....				
8		Other specify.....				
9		Other specify.....				
10		Other specify.....				
<div>LIST AG 1. Eligibility (e.g. age, membership) 2. Had no collateral/ securities 3. Political alignment 4. Did not agree on terms and conditions 5. Other, Specify 99. Don't know.</div>						

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

Q2	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21
LOAN ID	How was the loan disbursed? Cash=1, In-kind=2, In-cash & in-kind=3. Note: Code goods bought on credit as in-kind.	What kind of security or collateral was required for the loan? See ListAH	How frequently were loan payments required? See ListAI.	What part of the total loan was repaid by the original due date? None=1 Small part=2 Large part=3 Entire amount=4 --Q23 Due date still pending=88	How much still has to be paid back?	When do you think it will be fully repaid? mm/yyyy Don't know=998	Does anyone in your household or family other than you know about this loan? Yes=1, No=2 - Go to Section 9D	How much would the rest of your household or family think has been borrowed under this loan?
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

LIST AH

1. No security or collateral required
2. Land
3. Livestock
4. House or building
5. Business asset
6. Labor
7. Guarantee from employer
8. Guarantee from spouse
9. Guarantee from non-relatives
10. Minimum balance
11. Other, Specify
99. Don't know

LIST AI

- Daily =1
- Weekly =2
- Twice a month =3
- Monthly =4
- Quarterly =5
- Annually =6
- One payment=7
- Whenever lender asks =8

SECTION 9D. GIFTS, REMITTANCES, AND TRANSFERS RECEIVED

Cases are gifts, remittances, and any kind of transfers received by household members. Also include prizes and awards. This section should also include any donations made to the respondent's business. Write household member ID of the household member who received the gift(s).

Q1	In the last 12 months did anyone from outside the household spend any time assisting you or your household in the form of farm work, caring for the sick, helping a business, or any other tasks without being compensated? Yes=1; No=2 GO TO 84.	<input type="checkbox"/>
Q2	Who provided this assistance? See List AJ.	<input type="checkbox"/> <input type="checkbox"/>
Q3	What was the frequency of this assistance from this source? Daily=1, Weekly=2, Monthly=3, Quarterly=4, A few times=5, Once=6	<input type="checkbox"/>
Q4	Did any individual or any institution outside of the household give someone in the household cash or in-kind gifts in the last 12 months? Yes=1 No=2 GO TO 9E	<input type="checkbox"/>

Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
GIFT ID	Who received the gift or transfer? Write household ID of receiver. Write 77 if gift given to entire household.	Who gave the gift? See List AJ.	Where is the source of the gift? See List AK.	Was the gift in cash or kind? In-Kind=1 Cash=2	What was the total value of the gift?	What was the main purpose of the gift? Purpose refers to the intention of the giver, not the ultimate use of the gift. See List AL.	Does anyone other than you know about this gift? Yes=1, No=2
1		Other, specify.....					
2		Other, specify.....					
3		Other, specify.....					
4		Other, specify.....					
5		Other, specify.....					
6		Other, specify.....					
7		Other, specify.....					
8		Other, specify.....					
9		Other, specify.....					
10		Other, specify.....					

LIST AJ

1. Household member - Code Household Member ID
2. Relative of spouse/partner
3. Own relative
4. Inheritance
5. Neighbor
6. Friend in Dar es Salaam
7. Friend outside Dar es Salaam
8. Someone from [name]'s home district
9. Money lender
10. Commercial Bank
11. A saving and loan group
12. Farmer group or cooperative
13. MFI
14. Self-help group or SACCO
15. Fataki
16. Building society
17. Insurance company
18. Employer
19. Business partner
20. Business associate
21. Employee
22. Grocer/local merchant/trader
23. Village leader, politician or elder
24. Church or religious leader
25. NGO or charity
26. Government/Government institution
27. Other, Specify
99. Don't know

LIST AK

- In ward =1
Not in ward, but in district =2
Not in district, but in Dar =3
Not in Dar, but in Tanzania =4
Abroad =5

LIST AL

1. Land/property - agricultural
2. Land/property - residential
3. Land/property - business
4. Agricultural inputs/equipment
5. Business inputs/equipment
6. Business - pay employees
7. Housing repair or purchase
8. Education / training
9. Routine health expenditure
10. Emergency health expenditure
11. Ceremonies (weddings, funerals)
12. Vehicle purchase or repair
13. Food
14. Clothing
15. Other expenditure
16. To repay other loan
17. Regular household support
18. Award
19. Other, Specify
99. Don't know.

Cannot tell from the data. only an indicator if a gift got

170
821

54 missing
1=6

54 M
(170/821)

54 M
(170/821)

SECTION 9E. GIFTS, REMITTANCES, AND TRANSFERS GIVEN OUT

Cases are gifts, remittances, and any kind of transfers sent out by household members. This section should also include any donations made by household members. Write household member ID of the household member who gave out the gift(s).

Q1 In the past 12 months did anyone from the household spend any time assisting someone or some other household in the form of taking care of the sick; helping a business, or any other tasks without being compensated? Yes=1, No=2 GO TO S4. ☐

Q3 Who provided this assistance? Code Household Member ID. ☐

Q4 What was the frequency of this assistance? Daily=1, Weekly=2, Monthly=3, Quarterly=4, A few times=5, Once=6 ☐

Q5 Did anyone in the household give some individual or any institution outside of the household cash or in-kind gifts in the last 12 months? Yes=1, No=2 → GO TO Section 10. ☐

Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
GIFT ID	Who sent out the gift or transfer? Write household ID of receiver. Write 77 if gift given to entire household.	Who received the gift? See List AJ.	Where is the recipient of the gift? See List AK.	Was the gift in cash or kind? In-Kind=1 Cash=2	What was the total value of the gift?	What was the main purpose of the gift? Purpose refers to the intention of the giver, not the ultimate use of the gift. See List AL.	Does anyone other than you know about this gift? Yes=1, No=2
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

LIST AJ

1. Household member - Code Household Member ID
2. Relative of spouse/partner
3. Own relative
4. Inheritance
5. Neighbor
6. Friend in Dar es Salaam
7. Friend outside Dar es Salaam
8. Someone from [name]'s home district
9. Money lender
10. Commercial Bank
11. A saving and loan group
12. Farmer group or cooperative
13. MFI
14. Self-help group or SACCO
15. Fataki
16. Building society
17. Insurance company
18. Employer
19. Business partner
20. Business associate
21. Employee
22. Grocer/local merchant/trader
23. Village leader, politician or elder
24. Church or religious leader
25. NGO or charity
26. Government/Government institution
27. Other, Specify
99. Don't know

LIST AK

1. In ward
2. Not in ward, but in district
3. Not in district, but in Dar
4. Not in Dar, but in Tanzania
5. Abroad

LIST AL

1. Land/property - agricultural
2. Land/property - residential
3. Land/property - business
4. Agricultural inputs/equipment
5. Business inputs/equipment
6. Business - pay employees
7. Housing repair or purchase
8. Education / training
9. Routine health expenditure
10. Emergency health expenditure
11. Ceremonies (weddings, funerals)
12. Vehicle purchase or repair
13. Food
14. Clothing
15. Other expenditure
16. To repay other loan
17. Regular household support
18. Award
19. Other, Specify
99. Don't know.

120
630
Spouse
Spouse sending out

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

SECTION 10A. HEALTH OF HOUSEHOLD MEMBERS

For Q1 - Q36, ask respondent question about each household member, retaining the same IDs as in the Household Roster. Q37-Q45 apply only to the respondent.

Q1	Q2	Q3	Q4	Q5	Q6
HOUSEHOLD MEMBER ID	First Name	Last Name	<p>[redacted] have any acute illness or injury in the past 12 months? See List AM.</p> <p>→ If answer is 0 GO TO Q 10.</p>	<p>[redacted] seek treatment for this acute illness or injury? See List AN.</p> <p>→ If not treated GO TO Q10.</p>	<p>How long did it take [name] to reach this treatment provider. Record in minutes.</p>
1			Other, specify.....		
2			Other, specify.....		
3			Other, specify.....		
4			Other, specify.....		
5			Other, specify.....		
6			Other, specify.....		
7			Other, specify.....		
8			Other, specify.....		
9			Other, specify.....		
10			Other, specify.....		

LIST AM: ACUTE ILLNESSES AND INJURIES

0. No such condition
1. Fracture
2. Fainting spell
3. Heart attack
4. Bleeding, hemorrhaging
5. Piles
6. Tooth extraction
7. Amputation
8. Malaria
9. Typhoid
10. Dengue
11. Respiratory infection
12. Dysentery (blood in stools)
13. Tuberculosis
14. Blood in spit
15. Cough with blood
16. Genital ulcers
17. Fistula
18. Other, Specify

LIST AN: TYPE OF TREATMENT

0. No treatment
1. Self-treatment
2. Private doctor/nurse at home
3. Public doctor/nurse at health center
4. Public Hospital
5. Private Hospital
6. Dispensary
7. Private doctor/nurse in clinic
8. Drug shop/pharmacy
9. Community health worker
10. Traditional healer
11. Religious leader
12. Friend/relative who is not a medical provider
13. NGO/religious organization/charity
14. Other (specify)
99. Don't know

only 1 obs per person

hs10ag7

hs10ag4 ✓

hs10ag26 ✓

hs10ag26 ✓

hs10ag26 ✓

HOUSEHOLD QUESTIONNAIRE				HOUSEHOLD ID								
Q1	Q7			Q8		Q9			Q10			
HOUSEHOLD MEMBER ID	How much did treatment for this injury or illness cost? Include costs for tests, consultations, inpatient fees, transport, and medicines. Estimate value of in-kind payments.			How was this treatment financed? See List AO.		Please rate the quality of this provider. Read options 1 to 5 aloud. Very good=1, Good=2 Neither good, nor bad=3 Bad=4, Very bad=5 Don't know=99			Where did [name] seek treatment for this illness, injury, or condition in the past 30 days? See List AP. No treatment=0 → GO TO QS16.			
1												
2												
3												
4												
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6												
7												
8												
9												
10												
LIST AO	Free treatment =1 Own cash =2 Own asset =3 Health insurance =4 Had to work for provider =5 Paid in kind =6 Took loan from family member =7 Took loan from non-family member =8 Religious organization/Charity/NGO =9 Donation/help from individual non-family member =10 Household member = 11 Other =12, Specify			LIST AP: NON-ACUTE ILLNESSES AND CHRONIC ILLNESSES 0. No such condition 1. Sore throat 2. Cough 3. Fever 4. Diarrhea 5. Body ache 6. Weakness/fatigue 7. Dehydration 8. Vision Problems 9. Headache 10. Back ache 11. Vomiting 12. Worms in stool 13. Trouble breathing 14. Abdominal pain 15. Painful urination 16. Swelling ankles 17. Hearing problems			18. Skin problems 19. Chest pain 20. Menstrual problems 21. White discharge 22. Tooth ache 23. Minor wound 24. Eye infection 25. Breast pain 26. HIV/AIDS 27. Tuberculosis 28. Diabetes 29. High/low blood pressure 30. High cholesterol 31. Depression 32. Asthma 33. Other,specify					

HOUSEHOLD QUESTIONNAIRE										HOUSEHOLD ID																	
Q1	Q11				Q12				Q13								Q14				Q15						
HOUSEHOLD MEMBER ID	Where did [name] seek treatment for this illness, injury, or condition in the past 30 days? See List AN. No treatment=0 → QS16				How long did it take [name] to reach this treatment provider. Record in minutes.				How much did treatment for this injury or illness in the last 30 days cost? Include costs for tests, consultations, inpatient fees, transport, and medicines. Estimate value of in-kind payments.								How was this treatment financed? See List AO.				Please rate the quality of this provider. Read options 1 to 5 aloud. Very good=1, Good=2, Neither good, nor bad=3, Bad=4, Very bad=5, Don't know=99						
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9																											
10																											

LIST AN: TYPE OF TREATMENT

0. No treatment

1. Self-treatment

2. Private doctor/nurse at home

3. Public doctor/nurse at health center

4. Public Hospital

5. Private Hospital

6. Dispensary

7. Private doctor/nurse in clinic

8. Drug shop/pharmacy

9. Community health worker

10. Traditional healer

11. Religious leader

12. Friend/relative who is not a medical provider

13. NGO/religious organization/charity

14. Other (specify)

99. Don't know

LIST AO

Free treatment =1

Own cash =2

Own asset =3

Health insurance =4

Had to work for provider =5

Paid in kind =6

Took loan from family member =7

Took loan from non-family member =8

Religious organization/Charity/NGO =9

Donation/help from individual non-family member =10

Household member = 11

Other =12, Specify

HOUSEHOLD QUESTIONNAIRE										HOUSEHOLD ID																		
Q1	Q16				Q17				Q18				Q19				Q20				Q21				Q22			
HOUSEHOLD MEMBER ID	Did [name] visit a health provider for any reason in the last 30 days? See List AQ.				[name] walk for 5 kilometers easily? Read options 1 to 4. Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4				[name] carry a 20L container 20 meters easily? Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4				[name] perform digging in a garden easily? Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4				[name] run a short distance easily? Yes=1, No, slight difficulty=2 No, great difficulty=3 No, not at all=4											

LIST AQ

0. No visit

1. Condition from List AM – First visit or follow-up

2. Condition from List AN – First visit or follow-up

3. Immunization

4. Check-up

5. Prenatal/antenatal care visit

6. Purchase medicines

HOUSEHOLD QUESTIONNAIRE										HOUSEHOLD ID											
Q1	Q23			Q24			Q25			Q26			Q27			Q28			Q29		
HOUSEHOLD MEMBER ID	[name] work a half-day Yes=1 No, slight difficulty=2 No, great difficulty=3 No, not at all=4			[name] stand up from a sitting position (chair) without help easily? Yes=1 No, slight difficulty=2 No, great difficulty=3 No, not at all=4			[name] bow, squat and kneel easily? Yes=1 No, slight difficulty=2 No, great difficulty=3 No, not at all=4			[name] ever been Yes=1 No=0 Don't know=99			[name] smoke? Yes=1 Occasionally=2 Not at all=3 Don't know=99			[name] drink alcohol? Every day or nearly everyday=1 Once or twice a week=2 1-3 times a month=3 Occasionally, but less than once a month=4 Never=5 Don't know=99			Now we will discuss shortly about health and birth to you and other household members. Is [name] currently in a sexual relationship? Yes=1, No=2, Don't know=99		
1																					
2																					
3																					
4																					
5																					
6																					
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HOUSEHOLD QUESTIONNAIRE										HOUSEHOLD ID																				
Q1	Q30					Q31					Q32					Q33					Q34					Q35				
HOUSEHOLD MEMBER ID	<p>[name] had an [name] test in the last 12 months?</p> <p>Yes=1 No=0 Don't know=99</p>					<p>Has [name] ever been pregnant or pregated a woman?</p> <p>Yes=1, No=2 →Next member. Ndio=1; Hapana=2 GO TO QS36 If (name) is a men GO TO 10B</p>					<p>Is [name] pregnant now?</p> <p>Yes=1 No=0 →GO TO QS34</p>					<p>When is the baby due?</p> <p>mm/yyyy</p>					<p>During [name]'s most recent pregnancy, how many prenatal care visits were made (have been made so far)?</p>					<p>After birth, for how many months did [name] breastfeed her last child?</p> <p>If (Name) is Currently pregnant for first time write 99.</p>				
	1																													
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*Do not
know what
code is (200 or 5)*

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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Q1	SECTION 10B: STRESS	
	<p>Over the last 2 weeks, how often have you been bothered by any of the following problems? Not at all = 0, Several days = 1, More than half of the days = 3, Nearly every day = 4.</p>	
	S36-44	
	S36	Little interest or pleasure in doing things
	S37	Feeling down, depressed or hopeless
	S38	Trouble falling or staying asleep, or sleeping too much
	S39	Feeling tired or having little energy
	S40	Poor appetite or overeating
	S41	Feeling bad about yourself — or that you are a failure or have let yourself or your family down.
	S42	Trouble concentrating on things, such as reading the newspaper or watching television
	S43	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.
	S44	Thoughts that you would be better off dead or of hurting yourself in some way
HOUSEHOLD MEMBER ID		
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100		



Done

4x9 = 36

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

--	--	--	--	--	--	--	--	--	--

SECTION 11. MARITAL AND FERTILITY HISTORY

		Respondent
1	Has the respondent ever lived with a man? Yes=1, No=2 GO TO Q19	<input type="checkbox"/>
2	Are you currently married or living with a partner? Yes=1, No=2	<input type="checkbox"/>
3	Have any of your partnerships ended in separation or divorce? Yes=1, No=2 GO TO Q6	<input type="checkbox"/>
4	Was the most recent separation/divorce initiated by you? Yes=1, No=2	<input type="checkbox"/>
5	When did the most recent separation/divorce happen? mm/yyyy.	<input type="text"/>
6	When was your most recent marriage (or the start of co-residence)? mm/yyyy.	<input type="text"/>
Note: All subsequent questions apply to respondent's most recent marriage in the case of divorced or widowed women. Please use appropriate language. For example, How many wives did your spouse/partner have?		
7	Do you have any legal document that proves that you are married to show to authorities in your country? Yes=1, No=2	<input type="checkbox"/>
8	How many wives does your spouse/partner have? Code 0 if no other wives → GO TO Q10	<input type="text"/>
9	What is your marital rank? This should be based on order of marriage, not a subjective ranking.	<input type="text"/>
10	What was the total value, at the time of marriage, of all of the gifts given by you and your family to your spouse's family?	<input type="text"/>
11	What was the total value, at the time of marriage, of all of the gifts given to your family by your spouse and his family?	<input type="text"/>
12	Aside from these gifts, what was the total value of all property (houses, money, household goods, land) that you brought to the marriage?	<input type="text"/>
13	Aside from the gifts received above, what was the total value of all property (houses, money, household goods, land) that your spouse / partner brought to the marriage?	<input type="text"/>
14	At the time you formalized the relationship with your spouse/partner, how did the economic status of your parents compare to the status of your parents-in-law? Much higher=1, Somewhat higher=2, About the same=3, Somewhat lower=4, Much lower=5, Parents not alive at time of marriage=98	<input type="text"/>
15	Does your spouse/partner know about your current enterprise? Yes=1, No=2	<input type="checkbox"/>
16	Currently, out of every 10,000 shillings that you earn, how many shillings does your spouse know about?	<input type="text"/>
17	Currently, out of every 10,000 shillings that you earn, how many shillings go towards household expenses? Household expenses do not include personal goods or business expenses.	<input type="text"/>
18	In a typical month, out of every 10,000 shillings spent towards household expenses, how many shillings comes from your spouse/partner? Household expenses do not include personal goods or business expenses.	<input type="text"/>

HOUSEHOLD QUESTIONNAIRE		HOUSEHOLD ID	
24	Whom have you told about the physical violence? See List AS. Code up to 5.		
25	Did you ever go to the following for help? Code Yes=1, No=2 for each item.	Yes=1, No=2	
a	Police		
b	Hospital or health center		
c	Social services (includes counseling, support group or network)		
d	Legal advice center		
e	Court		
f	Shelter		
g	Local leader		
h	Women's organization		
i	Friend		
j	Relative		
k	Priest/religious leader		
l	Other, Specify		
26	Has anyone else in your family or spouse/partner's family physically mistreated you in the past 12 months? Yes=1, No=2		
Now I would like to ask you about all of the births that you have had in your life.			
27	Have you ever been pregnant? Yes =1, No=2 → Go to Q35, Don't know=99		
28	How many times have you ever given birth? Code 0 if woman has never given birth → Q35		
29	How many children do you have who are now alive? Code 0 if none alive → Q35		
30	Of these children, how many currently live with you?		
31	What is the age of your oldest child? Include children living outside the home.		
32	What is the age of your youngest child? Include children living outside the home.		
33	Do all of your children have the same biological father, or more than one father? Same father=1 More than one father=2 Don't know=99		
34	How many of your children receive financial support from their father(s)? None=1 Some=2 All=3		
35	Are you currently doing something or using any method to avoid getting pregnant? Yes=1; No=2 & Q38 Not sexually active=3 → Go to Next Section		
36	What is the main method are you currently using? See List AT.		
37	Does your current spouse/partner know that you are using a method or family planning? Yes=1, No=2		
38	Have you ever used a condom with your current partner to prevent disease? Yes=1		
39	Have you ever asked your current spouse/partner to use a condom to prevent disease? Yes=1		
40	Survey end time. 12 hour clock.		

- LIST AS**
- No one
 - Friends
 - Parents
 - Brother or sister
 - Uncle or aunt
 - Spouse/partner's family
 - Children
 - Neighbors
 - Police
 - Doctor/health worker
 - Priest
 - Counselor
 - NGO/Women's organization
 - Local leader
 - Other, Specify

- LIST AT**
- Female sterilization
 - Male sterilization
 - Rit
 - IUD
 - Injectables
 - Implants
 - Condom
 - Female condom
 - Diaphragm
 - Foam/jelly
 - Breastfeeding
 - Periodic abstinence
 - Withdrawal
 - Calendar/mucus method
 - Herbs
 - Other, Specify
 - Not sure

Thank you so much for taking the time to answer our questions. We realize that some of them were quite difficult, but your responses will help us modify future business training programs so that they are helpful for women entrepreneurs like you. If you have any questions, please do not hesitate to contact us.

The following questions are FOR THE INTERVIEWER ONLY.

41	Who else was present during the interview? Record up to 3. If spouse/domestic partner present, please include this in the 3.	
	Nobody=1	
	Spouse/domestic partner of owner=2	
	Child less than 5=3	
	Child over 5=4	
	Another adult household member=5	
	Adult from outside household=6	
42	How would you describe your rapport with the respondent?	
	Very friendly=1	
	Cordial, but not very friendly=2	
	Completely neutral=3	
	Not very comfortable=4	
	Strained=5	

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD ID

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When two people marry or live together, they usually have both good and bad experiences. I would like to ask you some questions about your current or most recent relationship and how your husband/partner treats/treated you. If anyone interrupts, I will change the topic of conversation. I would again like to assure you that your answers will be kept secret and that you do not have to answer any question that you don't want to. May I continue?

19	In a couple, who do you think should have the greater say in each of the following decisions? Husband=1, Wife=2, Both equally=3	Husband=1, Wife=2, Both=3, It depends=4, Don't know=99				
a	Making large household purchases					
b	Making daily household purchases					
c	Personal (for the woman) purchases					
d	Borrowing money					
e	Lending money					
f	Children's education					
g	Health purchases, choice of health clinic					
h	Wife's choice of occupation					
i	When to visit family or friends					
j	Wife's working hours					
k	Participation in groups					
l	When to visit family or friends					
m	How to spend money earned from woman's own work					
n	Having children					
20	In your opinion, does a man have a good reason to hit his wife if: Code Yes=1, No=2 for each item separately.	Yes=1, No=2, Don't know=99				
a	She does not complete her housework to his satisfaction					
b	She disobeys him					
c	She refuses to have sexual relations with him					
d	She asks him whether he has other girlfriends					
e	He suspects that she is unfaithful					
f	He finds out that she has been unfaithful					
21	I am now going to ask you about some situations that are true for many women. Thinking about your current/most recent spouse/partner, would you say it is generally true that he: Code for each item: Yes=1, No=2, Never had spouse/partner=99	Code for each item: Yes=1, No=2, Never had spouse/partner=99				
a	He tried to restrict you from meeting your friends					
b	He tried to restrict you from communicating with your family					
c	Insisting on knowing your whereabouts at all times					
d	He neglects you and does not treat you well					
e	He becomes angry when you talk to another man					
f	Manytimes he is suspicious of your are trustfulness					
g	He expects you to ask for permission before seeking your health treatment					
22	I am now going to ask you about certain actions that a spouse/partner might take. Out of every 10 women, can you tell me how many do you think experience this at least once every 12 months.					
a	Slapping or throwing something at his wife/partner that could hurt her?					
b	Pushing or shoving his wife/partner?					
c	Hitting his wife/partner with his fist or something else that could hurt her?					
d	Kicking his wife/partner, dragging her, or beating her up?					
e	Choking his wife/partner or burning her on purpose?					
f	Threatening to use or actually used a gun, knife, or other weapon against his wife/partner?					
23	case. Can you tell me about the frequency with which your spouse/partner might have taken these actions against you?	Many times in the last 12 months=1 Few times in the last 12 months = 2 Once in the last 12 months=3 Frequently but not in the last 12 months=4 Rarely but not in the last 12 months=5 Once but not in the last 12 months=6 Never=7 → Q26				
a	Slapping or throwing something at his wife/partner that could hurt her?					
b	Pushing or shoving his wife/partner?					
c	Hitting his wife/partner with his fist or something else that could hurt her?					
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f	Threatening to use or actually used a gun, knife, or other weapon against his wife/partner?					